

APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	Anesthetic Agent Recovery
Attorney Docket Number::	03-597-A
Total Drawing Sheets::	1
Small Entity::	Yes

Applicant Information

Primary Citizenship Country::	US
Given Name::	Michael
Family Name::	Rock
City of Residence::	Deerfield
State of Residence::	IL
Country of Residence::	USA
Street of Mailing Address::	620 Bent Creek Ridge
City of Mailing Address::	Deerfield
State of Mailing Address::	IL
Country of Mailing Address::	USA
Zip Code of Mailing Address::	60015

Correspondence Information

Correspondence Customer Number::	20306
Phone Number::	312 913 0001
Fax Number::	312 913 0002

Representative Information

Representative Customer Number	20306
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Domestic Priority Information

Application ::	Continuity Type	Parent Application	Parent Filing Date
This Application	An application claiming the benefit under 35 U.S.C 119(e)	60/537,550	01/20/04